Department of LABOR AND INDUSTRIES

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# PROVIDER BULLETIN

**PB 01-08**

## THIS ISSUE

**Payment Policies for Attendant Services**

**TO:**

Agency Attendant Service Providers
Non-agency Attendant Service Providers
Injured Workers receiving care from Attendant Service Providers
Physicians
Physician Assistants
Chiropractors
Nurses
Self Insured Employers

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## Purpose:

This bulletin describes the changes made in department rules and policies regarding attendant services for injured workers, especially concerning the provision of non-agency attendant services.

## Summary:

With the exception of current spouse providers, all attendant services will be provided through agency providers. Injured workers now served by non-spouse, non-agency attendants will have eight months after the effective date to transition to agency care. Details of these and other aspects of the provision of attendant services are included in this Provider Bulletin.

**Effective Date: October 1, 2001**

**Please note:**

- This Provider Bulletin supercedes and replaces Provider Bulletin #97-06 and pertains to State Fund and Self-Insured employers.
- This policy applies regardless of the provider's or injured worker's state of residence or location.
- Only providers 18 years and over can perform attendant care services.

**Contents:**

Specifically, this bulletin answers:

1. What are attendant services?
2. Why are changes being made?
3. Who may provide attendant services on or after the effective date of the rule?
4. What attendant services does the department cover?
5. What services are not covered under attendant services?
6. What are the treatment limits for attendant services?
7. Will the department review attendant services?
8. How will the changes affect injured workers & providers?
9. Which rules have been changed or added?
10. What is the effective date of the rule changes?
11. What are the requirements for authorization, billing, payment and record keeping?
12. Where can you find more information?

## 1. What are attendant services?

**Definition:** Attendant services are proper and necessary personal care services provided to maintain the injured worker in his or her residence. Workers who are temporarily or permanently totally disabled and rendered physically helpless by the nature of their industrial injury or occupational disease may receive attendant services.

## 2. Why are changes being made?

Labor and Industries is committed to providing high quality medical services for injured workers. Presently, non-agency attendant service providers are not regulated and do not have to be registered, certified, licensed or have any special training to provide attendant services. The proposed changes will:

- Address quality of care concerns by establishing criteria for who can provide care. Licensed agencies are regulated by the Department of Health. Licensed agencies and their employees must meet licensing, experience, training, competency, registration and certification requirements.
- Resolve and clarify payment issues relating to federal and state taxes for attendant service providers.
- Resolve industrial insurance premium issues for new providers.
- Resolve issues of potential liability relating to quality of care concerns.

## 3. Who may provide attendant services?

During an 8 month transition period that begins on October 1, 2001, the department will continue to pay for services provided by non-agency attendants that had been active, approved providers on September 30, 2001. For all new requests for attendant services after October 1, 2001, the department will only approve care from an agency that is licensed, certified or registered to provide home care or home health services.

All attendant services provided on or after June 1, 2002, must be provided through a department-approved home care or home health agency, except in the following:

**EXCEPTION:** A worker who received department approved attendant services from a spouse prior to October 1, 2001, may continue to receive attendant services from that spouse as long as all four of the following criteria are met:

1. The attendant service spouse provider had an active provider account with the department on September 30, 2001; and
2. The attendant service spouse provider maintains an active provider account with the department; and
3. The attendant service spouse provider remains legally married to the injured worker; and
4. The department or its designee is allowed to perform periodic independent nursing evaluations in the worker's residence.

If the above criteria are not met, the department will not pay a spouse for providing non-agency attendant services. Non-compliance could result in termination of the attendant’s provider number.

## 4. What attendant services does the department cover?

Upon pre-authorization, the department covers proper and necessary attendant services that are provided consistent with the injured worker's needs, abilities and safety. Only attendant services that are necessary due to the physical restrictions caused by the accepted industrial injury or occupational disease are covered.

The following are examples of attendant services that may be covered:

- Bathing and personal hygiene;
- Dressing;
- Administration of medications;
- Specialized skin care, including changing or caring for dressings or ostomies;
- Tube feeding;
- Feeding assistance (not meal preparation);
- Mobility assistance, including walking, toileting and other transfers;
- Turning and positioning;
- Bowel and incontinent care; and
- Assistance with basic range of motion exercises.

## 5. What services are not covered under attendant services?

Services considered by the department to be everyday environmental needs and chore services, unrelated to the medical care of the worker, are not covered.

The following are examples of services that are not covered or paid by the department: Housecleaning, laundry, shopping, meal planning and preparation, transportation of the injured worker, errands for the injured worker, recreational activities, yard work, and child care.

**Note: Chore Services may be covered under Medicare or other insurance. The department may pay for chore services in instances of hospice care.**

The department or self-insurer will only pay for services that the department determines to be proper and necessary due to the limitations of the specific injured worker. The injured worker is responsible for payment of any services that are determined to be non-covered by the department.

## 6. What are the treatment limits for attendant services?

The department will determine the maximum hours of authorized attendant services based on an independent nursing evaluation that assesses the worker's care needs.

Spouses eligible to provide attendant services are limited to a maximum of seventy hours of attendant services per week or to the maximum hours authorized for the worker, whichever is less. If more than 70 hours of care per week is medically necessary for an injured worker, a second provider may be approved. Injured workers who are receiving attendant services from spouses, and whose care needs exceed seventy hours per week, must receive attendant services in excess of seventy hours from an agency eligible to provide attendant services.

**EXCEPTION:** The department may exempt a spouse from the seventy-hour limit if, after review by the department and based on independent nursing evaluation:

(a) The injured worker is receiving proper and necessary care; and
(b) The worker's care needs exceed seventy hours per week; and
(c) No eligible agency provider is readily available.

**How will the department determine total hours payable?** Approved hours will be determined by independent nursing evaluations. The department will request periodic assessments for workers receiving attendant services. If there has been no recent independent nursing evaluation, the worker or provider may contact the claim manager to ask for one.

The claim manager and unit occupational nurse consultant will determine the care needs identified in the evaluation that are covered under department rules and policy. The department or self-insured will not pay for non-covered care needs.

Self-insurers may use other methods to determine care needs.

**What if care needs change?** If care needs change, the worker or provider may request a new assessment from the claim manager. The claim manager may also schedule periodic assessments based upon needs in specific cases.

**How will claimants know what their approved hours are?** The claim manager will notify the injured worker and provider(s) of total approved hours. If the current approved hours are greater than 70, the case will be reviewed to determine whether additional providers are required.

***The department or self-insurer will notify the provider and worker in writing if current, approved hours are modified or changed based on independent nursing evaluations of proper and necessary care.***

**What provisions will be made for respite care?** Respite care will be allowed when non-agency spouse caregivers are unable to provide care due to illness, injury, vacations or other reasons. Injured workers and their caregivers are responsible for coordinating respite care with an agency. Respite care must be authorized by the department or self-insurer and provided by licensed agencies.

**What are the limits or conditions concerning respite care?** The amount of respite care in the worker's home cannot exceed the approved hours for the replaced caregiver. A worker may be approved for respite care in a facility, if no other appropriate caregiver can be located.

Any person or facility delivering respite care must be employed by an agency or a facility that has a provider account with the department. Requests for respite care can be made through the department's claim manager.

## 7. Will the department review attendant services?

Yes. The department or its designee may perform periodic independent nursing evaluations of attendant services. Evaluations may include, but are not limited to, on-site review of the injured worker and review of medical records.

All services rendered to injured workers are subject to audit by the department as deemed by the legislature, Revised Code of Washington (RCW) 51.36.100 and RCW 51.36.110.

## 8. How will these changes affect injured workers and providers?

**Injured workers:** Injured workers receiving care from a non-agency provider other than their spouse will have until May 31, 2002 to transition care to a licensed home care agency or home health agency.

Injured workers receiving attendant services by their spouse will need to allow periodic independent nursing evaluations in their residence, as determined by the department. Care that injured workers receive through

licensed agencies should not be affected by these changes. Injured workers who receive approval for attendant services on or after October 1, 2001 will be required to use a licensed agency.

Injured workers who need to transfer care to a licensed agency may find listings in phone books under headings such as: Nurses, Nursing Care/Homes/Agencies, Residential Care Homes, Home Health Agencies/Services, Adult Supervisory Care and others. The Department of Health may also be able to provide a listing of all licensed Home Health and Home Care agencies in the State of Washington, or more specific to your geographic area of residence. To determine if a provider is an approved provider with the department, call 1-800-547-8367. Any licensed home care or home health agency can apply for a provider account number with the department.

New caregivers are responsible for notifying the department of changes in injured worker care. Caregivers should contact the department claim manager regarding any significant changes the injured worker's care or condition.

**Providers:** Services of home health and home care agencies, nursing homes and group home providers are not affected by the changes.

Non-agency providers who are not married to the injured worker will no longer be reimbursed for care after the transition period, which ends on May 31, 2002.

(For a description of current attendant service provider exceptions, please see text in this Provider Bulletin under " **3. Who may provide attendant services?**").

Licensed or registered nurse's aides must be employed by a licensed home care or home health agency to provide attendant services. The department reimburses the agency directly for the attendant services.

Providers interested in applying for work at an agency must apply directly to that agency.

## 9. Which rules have been added or changed?

This Provider Bulletin is based on Washington Administrative Code (WAC) changes effective October 1, 2001. These changes include one new rule and six amendments.

A new rule has been added:

**WAC 296-20-303 Attendant services**

Additional rules have been amended:

**WAC 296-20-01002 Definitions**
**WAC 296-20-03001 Treatment requiring authorization**
**WAC 296-20-091 Home nursing**
**WAC 296-23-165 Miscellaneous services and appliances**
**WAC 296-23-170 Nursing services**
**WAC 296-23-245 Licensed nursing billing instructions**

Complete text of these rules can be found at http://slc.leg.wa.gov/ or by calling 1-800-537-7881 and requesting an order form from Office of the Code Reviser. Or, you may call 1-800-848-0811 and request copies from the department.

## 10. What is the effective date of the rule changes?

The new rules are effective beginning **October 1, 2001**.

## 11. What are the requirements for authorization, billing, payment and record keeping?

**Authorization Requirements:**
**Prior authorization is required for attendant services.** To be covered by the department, attendant services must be requested by the attending physician and authorized by the department before care begins. In order to be authorized, services must also be:

1. proper and necessary and due to the industrial injury
2. requested by the attending physician
3. authorized by the department BEFORE care begins, and
4. performed by a provider with an approved provider number.

**Billing rules:**
The primary billing procedures applicable to attendant service providers can be found in WAC 296-20-125 Billing procedures.

Additional information regarding attendant services can be found in the Medical Aid Rules and Fee Schedules.

**Billing codes:**
**Agency Home Health Care**
G0156 Services of home health aide in home health setting, each 15 minutes ..……..... $5.45

**Non-agency home care**
8901H Attendant services, non-agency, self-employed spouse (per hour)……..…$10.72

(Note: The non-agency code will not be available for services provided to those injured workers that first receive attendant services after 9/30/01. For a description of current attendant service provider exceptions, please see text in this Provider Bulletin under " **3. Who may provide attendant services?**").

**Billing forms:**
Two forms may be used for Attendant Services:

1. F248-160-000 Statement For Home Nursing Services
2. F245-072-000 Statement For Miscellaneous Services

These forms can be found in:

- F248-088-000 Home Care Billing Instructions for Labor and Industries

**Payment requirements:** You must have an approved provider account number from the department to be paid for services. Any licensed home care or home health agency can apply for a department provider account number. For more information, call 360-902-5140 or contact the department at www.LNI.wa.gov/hsa to request a provider application form.

To receive payment, providers are responsible for notifying the department or appropriate self-insured employer when they agree to provide attendant services for an injured worker. All attendant services **require prior authorization** from the claim manager.

**Documentation and record keeping requirements:** Documentation and record keeping requirements can be found in:

- F248-100-000 General Provider Billing Manual

The general provider billing manual is available on the department's website at www.LNI.wa.gov/hsa or can be requested from the department by calling 1-800-848-0811.

## 12. Where is more information available?

For a copy of the new WAC 296-20-303 and amended WACs 296-20-01002, 296-20-03001, 296-20-091, 296-23-165, 296-23-170, and 296-23-245, or if you have additional questions about the changes, call 1-800-848-0811. Injured workers can call 1-800-547-8367.

The web site, www.LNI.wa.gov/hsa links to the Health Services Analysis Program and the Medical Aid Rules and Fee Schedules.

For **TDD, call 1-800-833-6388**.